

10-397
-39
121492

SEP 25 1940

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Pettis Co

(b) City or town Sedalia mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Drift Boy Gerald Thompson

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8/27
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. _____ min.

9. Birthplace Sedalia mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name G.H. Haugerkrott

13. Birthplace Licksum Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Smith

15. Birthplace Paney Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant G.H. Haugerkrott

(b) Address Sedalia mo

17. (a) Interment (b) Date thereof 8-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cooper Co

18. (a) Signature of funeral director McLaughlin

(b) Address Sedalia

19. (a) 8-27-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis

(c) City or town Sedalia mo
(If outside city or town limits, write "RURAL")

(d) Street No. 707 East 9th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1940 hour 5:15 minute PM

21. I hereby certify that I attended the deceased from 3 Aug 27 1940, to Aug 27 1940; that I last saw him alive on Aug 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Permatenn delivery

Due to Septicemia

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____

Of autopsy _____

Duration 8 hrs

PHYSICIAN _____

Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 90%

While at work? _____ (Specify type of place)

(e) Means of injury ✓

23. Signature T.H. Fogle (M. D. or other) ✓

Address Wentzville mo Date signed 8/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-11-40.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address:.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.